

Purpose of Program & Policies

To provide recreation and leisure educational opportunities for all special populations including but not limited to individuals with: **Developmental Disabilities * Learning Disabilities & Delays * Physical Disabilities * Hearing/Speech Impairments * Attention Deficit Disorder * Autism**

Our **Therapeutic Recreation Services Unit** provides opportunities for persons with developmental disabilities. The program strives for each participant to function at his or her highest level of ability in a less restrictive environment. The goals of the program are to increase socialization skills, community awareness and emotional and physical well-being. We will teach new leisure skills through participation in structured recreation activities that are safe and fun.

A leisure assessment, medical information and Release and Hold Harmless Agreement (permission to provide emergency medical treatment) waiver are required prior to participation. Recreation opportunities are provided for participants in a variety of interest areas including recreational sports, dance, arts & crafts, day camps, travel, social club activities and special events. Most activities are offered at a minimal cost to the participant.

Full Time Staff

Clintina Mitchell, TR Coordinator
(770) 819-3223
Clintina.mitchell@cobbcounty.org

Ann Bonds, Recreation Programmer
(770) 819-3257
Ann.bonds@cobbcounty.org

Kevin Hill, TR Specialist
(770) 819-3256
Kevin.hill@cobbcounty.org

Part Time Staff

Kim Battiste, Special Olympics Cobb
(770) 819-3261
Kimberly.battiste@cobbcounty.org

Registration Policies & Procedures

EZReg online registration begins at 10:00 am on November 19, Walk-In from 10am - 2pm.
See TRS Registration Form and Medical.

Mail registration form with full payment and medical form to:

Therapeutic Recreation Services Unit
555 Nickajack Road
Mableton, GA 30126
(Make checks/money orders payable to **CCPRCAD**)

Inclement Weather

If a program is canceled due to weather, the program will be made up at a later date or refunds issued.

Payment Policy

Full payment of program fees must be included with the registration form. No partial payments will be accepted. We now accept MasterCard & Visa. You may call in your registration and give your credit card information over the phone or walk-in with your credit card. Please do not write your credit card information on your registration form to mail in. \$25 fee on any checks returned unpaid by your bank.

Refund Policy

Refunds will be issued only if TRS has not incurred costs due to purchase of tickets, rentals, supplies, refreshments, deposits, etc. Requests for a refund must be submitted in writing. Participants will not receive a refund or credit for any missed special events, social club events or other programs. Social Clubs must be PAID IN FULL. No Exceptions. Refunds will be processed at the end of the quarter.

Non-Resident Policy

A mandatory fee will be charged to all out-of-county residents participating in Cobb County's TRS program. The out-of-county fee is \$25 per registrant.

Extra fees:

- Participant Insurance (optional) - \$6 yearly fee
- TRS Non-resident fee (if applicable) - \$25 per quarter

THERAPEUTICS

Volunteers

Cobb Therapeutic Recreation and Special Olympics GA-Cobb utilize many volunteers for their programs. Volunteers are needed to assist staff and instructors with the special needs participants in a variety of settings. Special Olympics GA-Cobb certifies volunteers, coaches and assistant coaches for many sports. Call Kevin, Ann or Kim for more information.

Transportation

When provided, transportation will be from one of the following locations (please see specific program information):

CSP: 1792 County Services Parkway, Marietta

RSBC: Parking lot to right of Roswell St Baptist Church

CCC: Cobb Civic Center, 548 S Marietta Parkway, Marietta

ADA Compliance

The Cobb County Board of Commissioners complies with the Americans With Disabilities Act of 1990 Public Law 101-336 (ADA), which prohibits discrimination on the basis of disability--requiring that no qualified individual with a disability shall on the basis of a disability, be denied the benefits of Cobb County Services, programs, activities, or employment with Cobb County. If you have a specific physical or service accessibility need, please make the staff that work with the program / facility which you plan to use, aware of what you need so that we can reasonably accommodate you. Further information can be obtained from the Cobb County Government ADA Coordinator at 770-528-2655 (Voice) or 770-528-1103 (TDD). This notice is available in alternate format - audiotape, computer disk, large print, or Braille. To obtain the alternate format please call (770) 528-2655.

Parent/Guardian Responsibilities

1. When arriving at or departing from a program, **please CHECK-IN with the TRS staff before you leave or take your participant.**

2. Please contact the TRS office at 770-819-3215, if your participant will be absent from a program.

3. **Parents/Guardians should be prompt in picking up their participant** at the end of the program. Both staff and volunteers would greatly appreciate your cooperation in this matter, as they often have additional work responsibilities following a program. **IF YOU ARE LATE arriving at Roswell St. Baptist Church (RSBC) to pick up your participant, you must pick them up at the main Parks, Recreation & Cultural Affairs office (CSP), 1792 County Services Parkway, Marietta GA 30008.**

Lost and Found

TRS staff is not responsible for personal items that are left at a program. Please help us keep track of your participant's belongings by labeling all items (including clothing) they bring to programs. Contact TRS to inquire about lost and found items.

Behavior Code of Conduct

TRS participants are expected to exhibit appropriate behavior at all times. The following guidelines have been developed to help make TRS programs safe and enjoyable for all participants. Additional rules may be developed for the particular programs and athletic leagues as deemed necessary by staff.

Participants will:

- * Show respect to all participants and staff and follow all directions given by staff.

- * Abusive or foul language will not be tolerated.

- * Refrain from causing bodily harm to self, other participants, or staff.

- * Show respect for equipment, supplies, and facilities.

- * Refrain from smoking or consuming alcoholic beverages during Cobb County events and outings.

Discipline

A positive approach will be used regarding discipline. Staff will periodically review rules with participants during the program session. If inappropriate behavior occurs, prompt resolution will be sought specific to each individual situation. TRS reserves the right to dismiss from the program a participant whose behavior endangers the safety of themselves or others.

The Buddy System

If staff consistently observes disruptive behavior, according to the Code of Conduct, it will be brought to the attention of the parent/guardian. TRS staff will determine if the participant will require a "buddy" to attend future programs. TRS staff will try to assist the parent/guardian in finding a "buddy", however, it is the responsibility of the parent/guardian to find a partner for the participant in order to continue to attend future programs. When the participant's behavior improves, the TRS staff will assess the progress of the participant to determine if the "buddy" is still needed. If disruptive behavior continues, the participant will be excused from the program. If a "buddy" is needed for a participant, there may be additional costs for them to attend any event(s) - this is the responsibility of the parent or guardian.

Participant Medical Information (PMI)

Returning Participants are required to submit a PMI form every year during the spring registration. If at any time information changes, please call TRS or mail an updated form. Forms may be obtained from the TRS office. Any new participant must complete a PMI form before beginning any activities with the TRS Unit.

Dispensing of Medication: If a participant is in need of assistance (other than a reminder) to take prescription medication, a permission form allowing TRS Staff to administer the medication must be completed by the parent or guardian before attending any program.

Atlanto-axial Dislocation Condition: Individuals with Down's Syndrome are at risk of having ADC, which allows increased mobility of the first and second neck bones. For the safety of TRS participants, individuals with Down's Syndrome will not be allowed to participate in activities such as swimming, gymnastics, aerobics, which could injure the neck area, unless they have a doctor's excuse stating they are free of ADC. An x-ray by a doctor is necessary to detect if the condition is present.

THERAPEUTICS

SOCIAL CLUBS FOR AGES 16 & UP

Social Clubs are designed for ages 16 and up. Clubs are limited to 8-12 participants. Every quarter each club participates in 3 to 5 activities. Fees are charged on a quarterly basis.

All new participants must be assessed prior to registration.

Please call Kevin Hill at 770-819-3256 to schedule an appointment.

Fees: \$35.00 per quarter

Extra Fees: Participant Insurance \$6.00(optional)

Non-Resident Extra Fee \$25.00 (if applicable)

Transportation sites (when provided):

CSP - 1792 County Services Parkway, Marietta

RSBC - Roswell Street Baptist Church

774 Roswell Street, Marietta, 30060

**Vans/buses will depart promptly at the times stated.

ezREGISTRATION
begins November 19 at 10:00 am



AGES 16 & UP Social Club Activity Schedule

Friends of Shaw Park - THE FOLLOWING EVENTS WILL BE HELD AT SHAW PARK

Arts & Crafts

12/8 7:00 - 8:30

Edible arts & crafts! Get in the holiday spirit as we bake and decorate cookies for the holidays. Participants will then put together a gift bag for their creations.

Video Game Night

1/6/09 7:00-8:30

We will play games on one of several game systems like Playstation or X-Box. Participants are welcome to bring their favorite games from home. Light refreshments served.

Mardi Gras Party

2/17/09 7:00-8:30

We will party Mardi Gras style, with beads, masks, music and fun. Light refreshments served.

SOCIAL CLUBS

Video Game Challenge

CSP 6:00 RSBC 6:30

RSBC 9:00 CSP 9:30

Compete with your friends in a variety of video games and gaming systems on the big screen. Light refreshments served.

Movie Night

CSP 6:00 RSBC 6:30

RSBC 9:30 CSP 10:00

Join us for a movie night at Thompson. Refreshments provided.

Bowling

CSP 6:00 RSBC 6:30

RSBC 8:30 CSP 9:00

Bowl 2 games with your friends and see who gets the first strike! Bring money for snacks.

Dine Out

CSP 6:00 RSBC 6:30

RSBC 9:00 CSP 9:30

Join your friends for a dinner out. We will visit one of several local restaurants and order from the menu.

THERAPEUTICS

SOCIAL CLUBS FOR AGES 16 & UP

20587 Explorers 21/41

12/4 Video Game Night
1/5 Bowling
2/3 Movie Night
2/24 Dine Out

20588 Explorers 31

12/4 Video Game Night
1/5 Bowling
2/3 Movie Night
2/24 Dine Out

20589 Red Dreamers

12/11 Dine Out
12/30 Video Game Night
1/26 Bowling
2/19 Movie Night

20590 Yellow Dreamers

12/16 Video Game Night
1/12 Bowling
1/27 Movie Night
2/26 Dine Out

20591 Blue/Green Dreamers

12/11 Dine Out
12/30 Video Game Night
1/26 Bowling
2/19 Movie Night

20592 Drifters

12/9 Movie Night
12/18 Dine Out
1/8 Video Game Night
2/9 Bowling

20593 Travelers

12/9 Movie Night
1/8 Video Game Night
1/20 Dine Out
2/16 Bowling

20594 Voyagers

12/2 Dine Out
12/22 Movie Night
1/22 Video Game Night
2/2 Bowling

20617 Friends of Shaw Park

12/8 Arts & Crafts
1/6 Video Game Night
2/17 Mardi Gras Party



THERAPEUTICS

CLASSES & SPECIAL EVENTS FOR AGES 12 & UP



Jewelry Art Class Age: 12Y & up

Create unique and personal gifts for your friends and family. Whatever occasion you are celebrating, you can make it special by creating one of a kind jewelry of your own design. Classes will be held at Thompson Park on Monday evenings 6:30-7:30 pm in December and January. No transportation provided.

Fee \$20.00

(Please note no class on 12/22/08 or 01/19/09)

20571 Mon Dec 8-Jan 26 6:30 - 7:30 PM

Holiday Dance Celebration Age: 16Y & up

Celebrate the joy of giving this holiday season and spread some Christmas cheer to friends and family. You may bring gifts to exchange with your friends. Wear your favorite holiday outfit and dance to your favorite songs. You may bring a suggested play list for our DJ. Light refreshments only will be served. We expect a guest appearance by the holly, jolly man in red. Bring your cameras and your holiday cheer. No transportation provided.

Fee \$10.00

20497 Fri Dec 12 7:00- 9:30 PM

Community New Year's Dance Age: 14Y & up

Join your friends and celebrate the start of a New Year in a new location. Everyone is invited to come to one of our fun and festive dances at Northeast Cobb Community Center located in Shaw Park. Light refreshments will be served. No transportation provided. Dance will be 7:00-9:00 pm

Fee \$10.00

20579 Fri Jan 2 7:00- 9:00 PM

Dance & Movement Age: 12Y & up

Students will learn basic movements from various forms/styles of dance and practice putting together a dance routine. No partner required. Classes will be held at Thompson Park Community Center on Wednesday evenings 7:00-8:00 pm. No transportation provided.

Fee \$20.00

20499 Wed Jan 14-Feb 18 7:00- 8:00 PM

Dance & Movement Age: 12Y & up

Students will learn basic movements from various forms/styles of dance and practice putting together a dance routine. No partner required. Classes will be held at Northeast Cobb Community Center on Thursday evenings 7:30-8:30 pm. No transportation provided.

Fee \$20.00

20514 Thu Jan 15-Feb 19 7:30- 8:30 PM

Bowling Age: 16Y & up

Enhance your skills while enjoying an afternoon filled with the excitement of bowling and competing against your friends. No transportation provided. Meet at Brunswick Zone on Austell Rd.

Fee \$30.00

20498 Thu Jan 22-Feb 26 2:00- 4:00 PM

Atlanta Hawks Game Age: 16Y & up

Grab your spirit towel and come cheer on the Atlanta Hawks as they face the Milwaukee Bucks at Philips Arena. Bring money for souvenirs and snacks. We will stay until the game is over.

Depart CSP 6:00 pm / RSBC 6:30 pm

Return RSBC 10:00pm / CSP 10:15 pm.

Fee \$43.00

20566 Fri Jan 23 6:00-10:15 PM

High John the Conqueror and African Folktales

Age: 16Y & up

The spirited escapades of High John the Conqueror and his trickster friends are told with humor and song by the masterful storytelling of one of Atlanta's treasures, Rob Cleveland. Infused with mystery and excitement, this thrilling collection of folktales, as seen through the eyes of High John the Conqueror, takes us on a journey beginning in Africa, through the Middle Passage, and finally landing in America. Meet at Theatre in the Square, 11 Whitlock Ave, Marietta, GA 30060 No transportation provided.

Fee \$15.00

20564 Sat Feb 7 2:00- 4:00 PM

THERAPEUTICS

CLASSES & SPECIAL EVENTS FOR AGES 16 & UP

Medieval Times Age: 16Y & up

Catapult back in time where lords and ladies prevailed and chivalry and valor were the law of the land. Watch as six brave knights compete in blazing sword fights and high speed jousting competitions. Cheer on your knight in shining armor as they compete to be the victor! Enjoy a filling four course meal that will definitely satisfy your appetite as you watch the action unfold.

Depart CSP 2:30 pm / RSBC 3:00 pm

Return RSBC 8:00 pm / CSP 8:45 pm

Fee \$50.00

20500 Sun Feb 8 2:00- 8:00 PM

Valentine Dance Age: 16Y & up

Roses are Red and Violets are Blue someone special is searching for YOU. Come prepared for an evening of dancing to your heart's delight. Wear your favorite Valentine outfit. If you don't have a sweetheart, maybe cupid will work his magic! Light refreshments will be served. Please eat dinner before you come. No transportation provided.

Fee \$10.00

20517 Fri Feb 13 7:00- 9:30 PM

Comedy Film Festival Age: 14Y & up

Get ready to have your funny bone tickled! Join your friends at Thompson Park for an afternoon of funny movies new and old. You may bring favorite comedy DVDs from your own collection to share (PG-13 only). Lunch provided.

Depart CSP 10:00 am / RSBC 10:30 am

Return RSBC 5:30 pm / CSP 5:45 pm

Fee \$8.00

20598 Sat Feb 21 11:00 AM - 5:00 PM

The Chieftans in Concert Age: 16Y and up

The Chieftans are Ireland's Official Musical Ambassadors. Enjoy traditional and new selections as they perform at the Fabulous Fox Theatre. This popular group has performed with many symphony and folk orchestras and have broken many musical boundaries by collaborating and performing with some of the biggest names in rock, pop and traditional music.

Depart CSP: 6:30pm Return: CSP 10:30pm

Fee \$10.00

20570 Sat Feb 28 6:30-10:30 PM



Swim Series Age: 12Y & up

You don't want to miss these swim classes. For the beginner to learn the basics or for the pro to enhance their competition skills, there is a class for everyone.

Intermediate Class

This class is designed for students who have the ability to swim 50 yards consisting of front crawl with rhythmic breathing to the side and one other stroke of choice. Students must be comfortable swimming in deep water without assistance. Skills taught at this level include improving front crawl and backstroke, elementary backstroke, treading water, and safety skills. Meet at the Central Aquatic center. No transportation provided.

Fee \$60.00

20491 Tue Feb 17-Mar 24 6:00- 7:00 AM

Beginner Class

This class is designed for students who have little or no swimming experience or who have a fear of the water. Basic water safety skills, placing face in the water, propulsion skills with support and floating are taught at this level. Meet at the Central Aquatic. No transportation provided

Fee \$60.00

20492 Thu Feb 19-Mar 26 6:00- 7:00 PM



THERAPEUTICS

2009 Special Olympics GA-Cobb REGISTRATION FORM

Please return to:

Special Olympics Georgia-Cobb C/O (CCPRCAD), TRS Unit / 555 Nickajack Road / Mableton, GA 30126

Athlete Name _____ Birthdate _____ Sex M / F

Address _____ City _____, GA Zip _____ Phone _____

Athlete's Home Phone _____ Athlete's Cell Phone _____

Parent/Guardian Name _____ Address _____

E-mail address _____

Mother's Work Phone _____ Cell Phone _____

Father's Work Phone _____ Cell Phone _____

Alternate Emergency Contact _____ Phone _____

Medical Diagnosis: _____

Year Screened for Atlanto-axial instability _____ X-Ray result: Positive / Negative T-Shirt size: _____

School/Work site _____ Teacher/Supervisor _____

Coaches will assess athlete skill and assign events for training and competition

WINTER SPORTS

January - State Indoor Winter Games: Cobb County, GA

- ☐ Team Basketball Skills
- ☐ Basketball Skills
- ☐ Team Basketball (Ages 12+)
- ☐ Level A Basketball-*Prerequisite to basketball skills*

☐ Power lifting (ages 16+) ☐ Artistic Gymnastics

☐ Figure Ice Skating ☐ Roller-skating

☐ Bowling (ages 8-21)

☐ Floor Hockey

☐ Ramp Bowling - Unassisted

Must set up ramp & ball & push own ball

☐ Ramp Bowling - Assisted

Helper will set up ramp & ball. Must push own ball

February -SE REGIONAL ALPINE SKIING- Wintergreen, VA

☐ Alpine-Downhill Skiing

FALL SPORTS

October - State Fall Games: Statesboro, GA

- ☐ Bocce
- ☐ Golf
- ☐ Long Distance Walking/Running
- ☐ Softball

(Addition of following sports anticipated - dependent upon athlete interest)

☐ Cycling ☐ Sailing

State Competition in November

EQUESTRIAN

November - State Horse Show: Perry, GA

- ☐ Equestrian Is athlete currently riding? Y / N
- ☐ English ☐ Western

Coach's Name/phone _____

(Space is limited for the Equestrian program. Athletes are on a 2 year on/off rotation, so athletes may be put onto a waiting list until a spot becomes available. Participation is not guaranteed.)

SUMMER SPORTS

June -State Summer Games: Emory University, Atlanta, GA

- ☐ Tennis ☐ Soccer Skills
- ☐ Table Tennis ☐ Soccer Team
- ☐ Track & Field ☐ Volleyball (ages 16+)
- ☐ Swimming ☐ Rhythmic Gymnastics
- ☐ Level A Swimming (Prerequisite to Swimming)
- ☐ Badminton (anticipated sport addition)

July - STATE MASTERS BOWLING: Savannah, GA

☐ Masters Bowling (Ages 22+)

All athletes & unified partners must be registered with the local and state Special Olympics offices 2 months before the state competition. If you do not get a call from your coach by then, please call our office at 770-819-3215 to make sure you are on the roster for your chosen sport. Athletes and partners who are not currently registered WILL NOT be allowed to train or compete in any Special Olympics activities or events.



Special Olympics

THERAPEUTICS

STATE INDOOR WINTER GAMES

January 16 - 18 • Cobb County, GA
COBB CIVIC CENTER

State level competition will be held in all winter sports offered through Special Olympics GA-Cobb during this weekend.

2008-2009 Indoor Winter Games Training Schedule

ALL SPORTS BEGIN TRAINING IN MID OCTOBER
EXCEPT ALPINE SKIING (see below for more information).

All sports practices are held weekly.

Please commit to attending practice and state competition with your coach and team. Need more information?

Call Kim Battiste at 770-819-3261

ALPINE SKIING

Practice @ THOMPSON PARK

555 Nickajack Rd

Mableton, GA 30126

WENESDAYS, 6-7 PM

Head Coach-CATHY SMITH

2008 training dates: Nov. 5, 12, 19; Dec. 03, 10 & 17

2009 training dates: Jan, 7, 14, 21

Alpine Skiing competition will be held at Wintergreen Ski Resort in Wintergreen, Virginia



REMINDER...

Spring/Summer Sports Training

Begins in late February.

Contact Kim Battiste at: 770-819-3261

if you have not received a training schedule or started your training by 03/02/09/

ATTENTION

ALL volunteers & coaches must take the Protective Behaviors Training Quiz online at

www.specialolympicsga.org

Send a copy of the confirmation that you have taken and passed this quiz to Kim Battiste.

Please note that ALL Special Olympics sports now require certification from Special Olympics International. Training is provided throughout the year at various locations around the state. Please call our office to find out when and where a clinic is offered for your sport.

SOGA-Cobb

Local Management Team

D'Jon McNair - Team Chairperson
Norma Jo Bales - Recording Secretary
Judi O'Connor - Finance Chairperson
Kim Watson - Fundraising Chairperson
Joe Bridgers - Volunteer Chairperson
Nancy Futral - Family Chairperson
Tim Gilbert - Athlete Representative
Kittie Caston - Training Chairperson

Team Meetings

3rd Monday of each month at 7:00 p.m.
Parks, Recreation & Cultural Affairs
Administration Offices
1792 County Services Parkway
Marietta GA 30008

Special Olympics GA-Cobb

555 Nickajack Road
Mableton GA 30126
Phone: 770-819-3261 or 3262
Clintina Mitchell - Local Coordinator
Kim Battiste - SE Regional Tennis, Summer Games, Masters Bowling, and Equestrian, Indoor Winter Games, SE Alpine Skiing, Coke Classic, and Fall Games

THERAPEUTICS

SPECIAL OLYMPICS



Special Olympics

S.O. GA - Cobb

Special Olympics is a year round program of training and competition for children (ages 8 & up) and adults with special needs. Participants receive opportunities to increase physical fitness, demonstrate courage, and develop friendships with other Special Olympics athletes and the community. Special Olympics offers a variety of athletic opportunities including bowling, gymnastics, ice skating, basketball, alpine skiing golf and tennis to name a few. Athletes practice/train for at least 8 weeks before state level competitions. Please note the time of year during which your sport is held, and expect to be contacted by your coach. If you do not hear from your coach 8–10 weeks prior to each listed State Games Competition, please contact our office. Additionally, Cobb County is looking for athletes interested in Unified Sports. Unified Sports are programs that pair a special athlete with a corporate athlete or community athlete for training and competition.

ELIGIBILITY

In Special Olympics, you must be at least 8 years of age and be diagnosed by an agency or professional with one of the following conditions: intellectual disabilities, cognitive delays as measured by formal assessment, or significant learning or vocation challenges due to cognitive delays that require or have required specially designed instructions.

HOW DO YOU GET TO PARTICIPATE?

Contact the office to request a registration packet. Each athlete must complete the following: a physical exam by a licensed examiner, a Special Olympics medical form “application for participation form”, Behavior Code of Conduct Policy, Atlanto-axial release form, and the sports selection/yearly registration form. Complete all forms and make sure the appropriate person(s) sign the forms. When this packet is completed and returned to our office, you will receive a call from the coach of your selected sport. He/she will give you information regarding training, practice dates, and more. Please retain a copy of the medical form for your records.

COBB COUNTY TRAINING PROGRAMS

Cobb County offers a number of programs in which athletes receive coaching and training in certain sports specifically for competition in Special Olympic meets. Interested in coaching, volunteering or serving on the Special Olympic Management Team? ***We need your support!*** Special Olympics GA-Cobb needs caring individuals who are able to donate their time during sports practices as well as during various Local, Area and State Competitions. There are many volunteer opportunities available throughout the year. If you or someone you know is interested, please contact Ann Bonds or Kim Battiste at the number listed below for more information. Thanks.



Cobb County... Expect the Best!

WE NEED YOUR HELP

As most of you know our Special Olympics program is funded solely by contributions and funds we raise. There is no budget for our athletes’ uniforms, equipment, meals while traveling or charter buses to transport us to the many varied competitions we attend every year. With this in mind, please consider becoming one of our individual, civic or corporate financial supporters. Whether you know someone who participates in the program or not, it is easy to make a tax deductible contribution. There are many businesses and organizations that have money allotted for charitable contributions, but are not aware of our need. Donations of any size would be greatly appreciated, and all donations go directly into Cobb County’s Special Olympics program.

Contact Kim Battiste, (770) 819-3261
555 Nickajack Rd. Mableton, GA 30126
Kimberly.battiste@cobbcounty.org



Special Olympics
Georgia

APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS GEORGIA

Valid Application for Participation is mandatory for all training and competitions.

4000 Dekalb Technology Parkway • Building 400 • Atlanta, Georgia 30340 • 770-414-9390 • Fax: 770-216-8339

Athlete Name _____

Area _____ Agency _____

SECTION A: ATHLETE HEALTH INFORMATION (SHOULD BE SUBMITTED EVERY 3 YEARS)

Social Security Number (Athlete)
Required For Identification Only

Athlete's Name (last name, space, first name)

Agency Name

Athlete's Mailing Address

Athlete's City

State

Zip Code

Parent's/Guardian's Daytime Telephone

Emergency Contact

Required for emergency purposes

Phone () _____

HEALTH INSURANCE & EMERGENCY INFORMATION

Medicaid Number _____ Health Insurance Company _____ Policy Number _____

PARENT OR GUARDIAN AUTHORIZATION AND MEDIA RELEASE

On my own behalf or as the undersigned parent or legal guardian of the above named athlete, I hereby request permission for the athlete to participate in the Special Olympics Program. I represent and warrant to you that the athlete is physically and mentally able to participate in Special Olympics, and I submit herewith a subscribed medical certificate. I understand that if the athlete has Down Syndrome he/she cannot participate in sports or events which, by their nature result in hyper-extension, radical flexion or direct pressure on the neck or upper spine unless a full radiological examination establishes the absence of Atlanto-axial Instability. I am aware that the sports and events for which the radiological examination is required are equestrian sports, artistic gymnastics, diving, pentathlon, high jump, alpine skiing, soccer, butterfly stroke and diving starts in swimming. On behalf of the athlete and myself, I acknowledge that the athlete will be using facilities at his/her own risk and I, on my own behalf, hereby release, discharge and indemnify Special Olympics from all liability for injury to person or damage to property of myself and the athlete. In permitting the athlete to participate, I am granting permission to Special Olympics Georgia to use the name, likeness, voice and words of the athlete in television, radio, films, newspapers, magazines and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purpose and activities of Special Olympics and in appealing for funds to support such activities.

If I am not personally present at Special Olympics activities in which the athlete is to compete, so as to be consulted in case of necessity, you are authorized on my behalf and at my account to take such measures and arrange for such medical and hospital treatment as you may deem advisable for the health and well-being of the athlete. By signing this form I authorize Special Olympics and/or its agents to make an independent investigation of my background, including those maintained by both public and private organizations and all public records. I understand that by signing below I consent to participate in the Special Olympics Healthy Athletes program that provides individual screening assessments of health status and health care needs in the areas of: vision; oral health; hearing; physical therapy; and a variety of health promotion areas (height, weight, sun protection, etc.). I understand there is no obligation to participate in the Healthy Athletes Program.

I, THE UNDERSIGNED ADULT ATHLETE, have read and fully understand the provisions of the above release and/or have had them explained. I hereby agree that I will be bound thereby and shall defend Special Olympics Georgia and hold it harmless from disaffirmation thereof. I acknowledge and agree that the above information is accurate.

Athlete _____

Signature of Parent and/or Legal Guardian _____

Witness (Family member, coach, teacher, friend, other) _____

Date _____

Print Name _____

Date _____

A HEALTH SCREENING PERFORMED BY A LICENSED EXAMINER IS REQUIRED FOR INITIAL PARTICIPATION

MEDICAL CLEARANCE

PLEASE CHECK MEDICAL INFORMATION

Does the athlete have:

- Heart Problems Yes ☐ No ☐
- Diabetes Yes ☐ No ☐
- Seizures/Epilepsy Yes ☐ No ☐
- Major Surgery/Serious Illness Yes ☐ No ☐
- Parent/Sibling (under 40) died of heart disease Yes ☐ No ☐
- Down Syndrome Yes ☐ No ☐

If athlete is Down Syndrome, have x-rays of the C1-C2 vertebrae been taken and examined?

- Yes ☐ No ☐

Date of x-ray _____

Does the athlete have Atlanto-axial

Instability?

- Yes ☐ No ☐

Vision Problems/Blind

- Yes ☐ No ☐

Hearing Loss/Deaf

- Yes ☐ No ☐

Does athlete use wheelchair?

- Yes ☐ No ☐

Other _____

Current Medications Dosage _____

Allergies (Medication, Food, Insect Bites): _____

Date of Last Tetanus Shot: _____

A HEALTH SCREENING BY A LICENSED EXAMINER IS REQUIRED EVERY 3 YEARS FOR ATHLETES WITH "YES" CHECKED ON 1-5

SECTION B

MEDICAL CERTIFICATION

I have examined the above named athlete and, in my opinion, there is no mental or physical reason why he or she should not participate in Special Olympics sports training and competition program. Further information will be forwarded if required. Current medication, if any, is specified with dosage on this application.

COMMENTS _____

Examination Date _____

Signature _____

Print Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

SOGA REV. 10-3-06

WHITE COPY - SOGA

YELLOW COPY - LOCAL AGENCY

COBB COUNTY PARKS, RECREATION & CULTURAL AFFAIRS DEPARTMENT THERAPEUTIC RECREATION SERVICES

PARTICIPANT MEDICAL INFORMATION FORM

This form will expire in two years. It is imperative that you notify us of any changes in condition or medications during the year. If registering more than one participant, please complete an additional form. This form must be completely filled out before we will register the participant.

Date _____

Participant Information

Participant's Name
(Last) _____
(First) _____
Address _____
City _____ Zip _____
Home Phone (____) _____
Work Phone (____) _____
Female _____ Male _____ Age _____
Birth date _____
School/Service Center _____
Teacher/Case Mgr _____
Phone: (____) _____
Pager: (____) _____

Check All That Apply:

_____ Mild Intellectual Disability
_____ Moderate Intellectual Disability
_____ Visual Impairment
_____ Severe Intellectual Disability
_____ Orthopedic Impairment
_____ Profound Intellectual Disability
_____ Hearing Impairment
_____ Emotional & Behavioral Disorder
_____ Traumatic Brain Injury
_____ Attention Deficit/Hyperactivity Disorder
_____ Attention Deficit Disorder
_____ Specific Learning Disability
_____ Speech-Language Impairment
_____ Fragile X Syndrome
_____ Autism Pervasive Developmental Delay
Other Health Impairment(s): _____

Parent/Guardian Information

Mother's Name _____
Father's Name _____

Address (if different from participant's)

Mother's Home Phone (____) _____
Mother's Work Phone (____) _____

Father's Home Phone (____) _____
Father's Work Phone (____) _____

Alternate Emergency Contact _____
Relationship to Participant _____
Home Phone (____) _____
Work Phone (____) _____

Participant Medical Information

Please check or circle the correct response, complete each category and list any other information you feel CCPRCAD should be aware of to provide safe and enjoyable activities for the individual being registered.

MEDICAL CONDITIONS:

Diabetes _____ Shunts _____ Braces/Canes/Walker _____
Hearing Aid _____ Ear Tubes _____ Catheter _____
Needs Interpreter _____ Glasses _____
Wheelchair (type) _____
Verbal Communication _____
Allergies (specific) _____
Other _____

SEIZURES: Yes _____ No _____

Epilepsy Yes _____ No _____

Are seizures controlled by medication? Yes _____ No _____

Date of last seizure: _____

Type of seizure and treatment desired: _____

MEDICATION:

Type, Dosage/Time _____
Type, Dosage/Time _____
Comments _____

For participants needing more assistance than a reminder to take prescribed medication, please check _____. A permission form must be obtained, signed and returned to CCPRCAD in order for staff to assist. Contact CCPRCAD to obtain a form.

DOCTOR'S NAME: _____

PHONE: _____

SAFETY: CCPRCAD is committed to conducting programs with the utmost safety and concern for participants. Those registering for programs must recognize, however, that there are potential risks of injury when participating in recreation programs. CCPRCAD continually strives to reduce such risks and provides safety rules and instructions to protect participants.

INSURANCE: Cobb County carries liability insurance only. The cost of medical insurance coverage for injuries would make program fees prohibitive, therefore it is the responsibility of each individual or family to **provide their own medical insurance**. CCPRCAD must have the following information, however, in case of an emergency.
Medical Insurance Co _____
Policy# _____

PARTICIPANT INSURANCE: Participants enrolled in Cobb Parks, Recreation and Cultural Affairs programs can purchase medical insurance at a cost of \$6.00 per person. Effective dates are from **January through December**. I wish to purchase this optional insurance. Yes _____ No _____.

CCPRCAD provides an approximate 1:4 staff to participant ratio. Please note if participant requires a closer ratio and why:

Inappropriate Activities: _____

Areas/goals to work toward: _____

Please indicate under what circumstances, if any, participant may be without leader supervision (i.e. to leave for home on own, etc.) _____

IS A BUS AIDE REQUIRED? Yes _____ No _____ If yes, explain why: _____

SWIM INFORMATION: Beginner _____
Advanced Beginner _____ Intermediate _____
Advanced _____ Diving _____

TOILETING ASSISTANCE: Yes _____ No _____
If yes, explain why: _____

Release of information permission for CCPRCAD to contact school/workshop staff concerning the participant’s needs:
Yes _____ or No _____.

OTHER INFORMATION WE MAY FIND HELPFUL TO KNOW: _____

Photo permission for CCPRCAD publicity purposes:
Yes _____ or No _____.

**RELEASE AND HOLD HARMLESS AGREEMENT
PERMISSION TO PROVIDE EMERGENCY MEDICAL TREATMENT**

Realizing the nature of this program, its physical demands and how important it is to follow rules, regulations, and instructions outlined by the staff of the Cobb County Parks, Recreation and Cultural Affairs Department, I am, to the best of my knowledge, in good health and able to participate in the program.

I authorize the staff of the Cobb County Parks, Recreation and Cultural Affairs Department to organize any required medical or first aid procedure, or to take the undersigned to a hospital emergency room for treatment. If any major treatment is required, I understand that every effort will be made to notify the individual indicated as emergency contact beforehand by telephone.

The undersigned hereby forever releases, discharges, and covenants to hold harmless Cobb County Parks, Recreation and Cultural Affairs Department, Cobb County Recreation Board, Cobb Arts Board, Cobb County Board of Commissioners and Cobb County, Georgia, and any other person, firm, corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors and assignees from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action belonging to the undersigned or arising out of any act or occurrence in connection and particularly on account of all personal injury, disability, property damage, loss or damages of any kind sustained or that may hereafter be sustained arising out of the matters described herein or in consequence of the participation in the recreation program sponsored by the Cobb County Parks, Recreation and Cultural Affairs Department. The undersigned hereby bind their heirs, administrators, executors and successors. Further, this agreement shall apply to all unknown and unanticipated injuries and damages directly or indirectly resulting here-from. This Release and Hold Harmless Agreement shall constitute a full and complete release of any and all claims.

DATE: _____ BY: _____ (Signature of Participant)

DATE: _____ BY: _____ (Parent or Guardian)

NOTE: Signature of participant and parent/guardian are both required if participant is **under age 19**, or is registered for a program for the mentally or physically disabled, or other special population member. In order that the Department assures compliance with ADA (American with Disabilities Act), if you have a specific physical or service accessibility need, please make the staff that work with the program/facilities aware so that we can reasonably accommodate your need.

THERAPEUTICS

TRS WINTER 2009 REGISTRATION FORM

Please return to:

Cobb County Parks, Recreation & Cultural Affairs (CCPRCAD), TRS Unit / 555 Nickajack road / Mableton, GA 30126

Participant Full Name _____		Birthdate _____	
Address _____		City _____, GA	Zip _____ County _____
Home Phone _____		Group Home Case Mgr & # _____	
Parent/Guardian Name _____		Relationship _____	
Parent/Guardian Home Phone _____		Work Phone _____	
Cell Phone _____		Pager Number _____	
Alternate Emergency Contact _____		Relationship to Participant _____	
Home Phone _____		Cell Phone / Pager _____	
Do you pay city property taxes? _____ yes _____ no		e-mail address _____	

Please check the programs you want to register for:

Social Club.....(see below).....\$35 _____	Valentine Dance.....#20517.....\$10 _____	Holiday Dance.....#20497.....\$10 _____
Swim - Beginners.....# 20492.....\$60 _____	Atlanta Hawks Game.....#20566.....\$43 _____	Comedy Film Festival.....#20598.....\$8 _____
Swim - Intermediate...# 20491.....\$60 _____	Medieval Times.....#20500.....\$50 _____	The Chieftains in Concert...#20570.....\$10 _____
Jewelry Class.....# 20571.....\$20 _____	Afternoon Bowling... #20498.....\$30 _____	African Folktales..... #20564.....\$15 _____
Community New Year Dance (14&up)...#120579.....\$10 _____ @ Shaw Park		
Dance Movement Class (12&up).....#20499.....\$20 _____ @ Thompson Park		
Dance Movement Class (12&up).....#20154.....\$20 _____ @ Shaw Park		
		Optional Insurance (Once Yearly).....\$6 _____
		Non-Resident Fee of \$25.....\$25 _____
		Total Fee: \$ _____

Member of _____	Social Club (must have been assigned to a social club by staff)	AGES 15&up	
Explorers 21 & 41 - # 20587	Explorers 31 - # 20588	Red Dreamers - # 20589	Voyagers - # 20594
Yellow Dreamers - # 20590	Blue & Green Dreamers - #20591	Drifters - # 20592	Travelers - # 20593
Friends of Shaw Park - #20617 (14&up)			

REGISTRATION POLICIES & PROCEDURES

Registration is November 19, 2008. Walk-ins from 10am - 2pm. Mail registration form and payment to:
TRS 555 Nickajack Road, Mableton, GA 30126. Make checks or money orders payable to: CCPRCAD

Payment Policy: Full payment of program fees must be included with the registration form. No partial payments will be accepted. **We now accept MasterCard & Visa.** Please **do not** write your credit card number on the registration form to mail in. Credit card payments must be done in person or over the phone. Make checks and money orders payable to CCPRCAD and put driver's license number on your check.

THERE WILL BE A \$25 FEE ON ANY CHECKS RETURNED UNPAID BY YOUR BANK.

Non-Resident Policy: A mandatory \$25 non-resident fee will be charged to all out-of-county residents participating in this Cobb County program.

Refund Policy: NO REFUNDS will be issued if TRS has incurred costs due to purchase of tickets, rentals, supplies, refreshments, deposits, etc... Refund requests must be made in writing a minimum of 5 work days before the program. Social clubs and all TRS special events or classes must be PAID IN FULL. No Exceptions. Refunds will be processed at the end of the quarter.

Inclement Weather: If a program is cancelled by the department due to weather, the program will be made up at a later date or refunds issued.

***We must have an updated medical form (page 113) in our office at all times. They are good for two years unless there have been changes.**

When providing transportation, do you require wheelchair accessibility? _____ Yes or _____ No

FOR STAFF USE ONLY

Total Amt. Paid \$ _____ Receipt # _____ Check # _____ MC/VISA Authorization Code # _____

Name on Receipt _____ Date _____ Staff Initials _____

THERAPEUTICS

VOLUNTEERS NEEDED

Our volunteers are a very valuable part of our program. If you are interested in helping with our programs, please complete this form and return it during registration, August 13, 2008.

Background checks and general orientation must be completed prior to volunteering.

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

e-mail address _____

Please check the events and outings for which you would like to volunteer

CLASSES

Learn to Swim Beginners Level _____

Learn to Swim Intermediate Level _____

Jewelry Art Class _____

Dance Class _____

Bowling _____

Dance & Movement @ Shaw Park

Dance & Movement @ Thompson Park

SPECIAL EVENTS

Comedy Film Festival _____

Atlanta Hawks Game _____

Community New Year's Dance _____

Holiday Dance Celebration _____

High John the Conqueror and African Folktales _____

Medieval Times _____

Valentine Dance _____

SOCIAL CLUB OUTINGS

Explorers 21 _____

Yellow Dreamers _____

Explorers 31 _____

Blue Dreamers _____

Explorers 41 _____

Green Dreamers _____

Voyagers _____

Drifters _____

Red Dreamers _____

Travelers _____

Friends of Shaw Park _____

We will call Volunteers a week before the event to confirm. If you cannot attend an event that you've signed up to volunteer for, please notify us as quickly as possible. Please call Kevin Hill @ (770) 819-3256 for more information.